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Date: 11-Oct-06

To:
Examiner: Mew, Kevin D.
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Fax:
(571)-273-8300

Art Unit:
2664

From:
Michael A. Proksch
Intel Corporation

Fax:
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M/S:
JF3-147

Subject: Application No.: 09/912,814 Docket #: P15422
Filed: July 24, 2001 Inventor: Luc Haumonte

I hereby certify that the below listed correspondence is being facsimile transmitted to the USPTO to: Mail Stop RCE: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on October 11, 2006.

Derek S. Watson Date: October 11, 2006



Message:

Included in this transmission:
Fax Cover Sheet (1 page)
Request for Continued Examination (1 page)
Fee Transmittal (1 page submitted in duplicate)
Request for Three-Month Extension of Time (1 page)
Preliminary Amendment and Response (14 pages)

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1810.00

Complete if Known

Application Number 09/912,814

Filing Date 07/24/2001

First Named Inventor Luc Haumonte

Examiner Name Mew, Kevin D.

Art Unit 2664

Attorney Docket No. P15422

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)****Multiple Dependent Claims**

- 20 or HP = x =

Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Request for Continued Examination and 3 Month Extension

1810.00

SUBMITTED BY

Signature	/s/Michael A. Proksch/Reg. No. 43,021/	Registration No. (Attorney/Agent) 43,021	Telephone 503-264-3059
Name (Print/Type)	Michael A. Proksch		Date October 11, 2006

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